

The study included 12 patients (5 females and 7 males) with 13 refluxing ureters. All patients were treated, from the age 1 years old up to 43 years old. The mean age of patients was 10.7 years old (mean age of children was 5.8 years old). There has been no complications, but with few recurrences. In 1 patients (16.6%), endoscopic treatment with deflux was done twice, while in 1 patients (8.5%), the endoscopic treatment with deflux was performed three times, because of recurrence.

Conclusion: We recommend the use of endoscopic Deflux injection as first line treatment for children with VUR. Endoscopic subureteral injection of Deflux is a minimally invasive method for VUR treatment in pediatric patients and is associated with low morbidity.

Renal transplantation

NDP111:

RARE CASE REPORT-SYNCHRONOUS RENAL CELL CARCINOMA AND RENAL PELVIS UROTHELIAL CARCINOMA IN A POST KIDNEY TRANSPLANTATION YOUNG MALE

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Post kidney transplantation malignancy was an important issue among recipients. Among previous report of Taiwan data, urothelial tumor was the most common followed by liver cancer and colorectal cancer and breast cancer. We would like to present a 29 years old young man suffered from BK virus nephropathy, and received kidney transplant from his mother. Synchronous renal cell carcinoma over left kidney and infiltrative urothelial carcinoma of right renal pelvis was found after pain less gross hematuria. The clinical presentation, image study and our special low-midline one incision bilateral native nephroureterectomy will be presented with literature review.

NDP112:

LONG-TERM OUTCOMES OF KIDNEY TRANSPLANTATION FROM STANDARD CRITERIA DONORS WITH ACUTE KIDNEY INJURY

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Purpose: Abnormal terminal serum creatinine of donors had been reported as the second frequent causes of kidney refusal. More and more studies have shown a comparable outcome of kidney transplantation from deceased donors with acute kidney injury (AKI) in the first year. However, no long-term outcome of these graft kidney is reported.

Materials and Methods: We retrospectively reviewed 84 consecutive kidney transplants from 57 standard criteria donors. All recipients were classified into two groups according to donor serum creatinine before kidney procurement. The donor and recipient characteristics and graft outcomes were compared.

Results: Out of 84 kidney transplants, 56 recipients were in Non-AKI group, and 28 recipients were in AKI group. The mean terminal creatinine were 1.09 and 2.62 mg/dL in Non-AKI and AKI groups, respectively. The short-term graft outcomes, including primary non-function rate, delayed graft function rate, and acute rejection rate was compatible. The long-term renal function, graft survival and overall survival over the first 7 years had no statistic difference.

Conclusion: Our study reveals AKI before procurement had compatible long-term graft outcomes. The results expand donor pools and encourage transplant centers to use these marginal donors.

Other

NDP113:

TREND OF LIFE EXPECTANCY OF PATIENTS FOR RADICAL PROSTATECTOMY OF PROSTATE CANCER IN TAIWAN—2014 UPDATE

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Purpose: Life expectancy of the patients receiving radical prostatectomy in localized prostate cancer is 10 years or more, based on the clinical consensus of prostate cancer diagnosis and management by Taiwan Cooperation Oncology Group (TCOG, 2010). This study is to review the trend of life expectancy of male population in Taiwan region for the reference in clinical practice.

Materials and Methods: Up to March 2015, Life expectancy reports by the service of the Department of Statistics, Ministry of the Interior (MOI) of Taiwan were reviewed. The printed practice guidelines for prostate cancer by TCOG and National Comprehensive Cancer Network (NCCN) were reviewed. Investigate the trend of life expectancy of the male population in Taiwan region which includes Taipei city, Kaohsiung city but no Fukien special areas.

Results: From 1991 to 2013 life table by Taiwanese MOI were available. Average 5-year survival rate of prostate cancer is around 77% mentioned by TCOG. When the patient's life expectancy is less than 5 years, no further workup or treatment is suggested except for some high risky patients by NCCN. Radical prostatectomy is considered when the patients with a life expectancy of 10 years or more and no serious co-morbid conditions that would contraindicate an elective surgery by NCCN in 2014. From 1991 to 2012, the male life expectancy at birth in Taiwan was from 71.8 up to 76.4 years. The report of life expectancy more than 10 years from MOI showed at the age of 71 years in 1991, 72 years from 1992 to 1995, 74 years in 1996, 75 years from 1997 to 1999, 76 years from 2001 to 2005, 77 years in 2006 to 2007. In 2012, the male life expectancy at the age of 77 and 78 years were 10.13 and 9.62 years, respectively. In 2013, the male life expectancy at the age of 77 and 78 years were 10.41 and 9.88 years.

Conclusion: In this timely updating study, 77 years of age is the upper limit for the patients with localized prostate cancer considering to undergo radical prostatectomy in Taiwan region. Further research with longer follow-up is needed to clarify the relationship.

NDP114:

SERUM CREATININE FOR DIFFERENTIATING TRAUMATIC INTRAPERITONEAL AND EXTRAPERITONEAL BLADDER PERFORATION

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Purpose: Intraperitoneal bladder rupture is usually associated with blunt abdominal trauma and involves the dome of the bladder in contrast to extraperitoneal rupture, which is usually associated with pelvic fractures and is located in the lateral walls. Biochemical features of renal failure following intraperitoneal rupture of the urinary bladder are well elucidated and result mainly from the peritoneal diffusion of various solutes excreted in the urine toward the concentration gradient (also termed as reverse autodialysis). The longer the time to presentation, the more severe will be the biochemical abnormalities. A retrospective clinical study was performed to find out whether serum biochemistry alterations may serve to differentiate the traumatic bladder perforation to be either intraperitoneal or extraperitoneal.

Materials and Methods: 12 patient treated for traumatic bladder perforation between 2005 and 2012 who had baseline creatinine data before trauma were included in this study group. Patients were divided into two groups: intraperitoneal bladder perforation (IBP) and extraperitoneal bladder perforation (EBP) groups. The groups were compared with regard to age, mechanism of injury at presentation. This two groups were compared with each other with respect to serum concentrations of urea, creatinine.

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